

the early stages. We have heard from people who are very thankful to the United States, people who are thankful to President Bush, thankful to us and our country, about these programs. Some of these programs are programs we put in place.

We heard some very good success stories about many of these programs. They show very promising results. With these programs and the drugs they provide, we are seeing HIV/AIDS transmission rates from a mother who has AIDS to a child about to be born, and then born, drop from 30 percent to 5 to 10 percent. What do we mean by that? Well, the doctors tell us that if a mother is HIV positive and she is not treated, the odds are approximately 30 percent that she is going to give birth to a child who will be HIV positive. In these developing countries, with treatment—and usually a fairly simple treatment and it costs about \$3—we can reduce those numbers to about 5 to 10 percent. That is a dramatic drop in the number of children who would be born HIV positive. If given the proper medication, the odds go dramatically down.

The challenge, of course, is getting these mother-to-child transmission programs going and then getting the pregnant women into the program.

We also have to face the challenge of treating children who do develop AIDS. That is a different ball game, a different problem. Treatment for these kids is, as I said when I referenced South Africa—and it is true of all the other three countries—is virtually nonexistent, just like the treatment for adults.

In Johannesburg, to take one example—and you can replicate these numbers or use similar numbers across all of Africa, or at least all the countries where HIV is prevalent—there are 6,000 to 7,000 kids in need of antiretroviral treatment, yet fewer than 100 kids are getting any treatment at all. The good news is that there are good people in the hospitals who are ready now to treat these kids. Dr. Tammy Meyers is ready now to start a program to provide drug treatment for these children.

In conclusion, on this trip we saw the human face of Africa. We saw the human face of AIDS. I have seen this face before in Haiti and Guyana. That human face will remain with all of us who went on this trip after all the specific statistics have faded.

I will always remember Graca Machel telling us about her going out in the rural area visiting a grandfather and his two wives. He is 83 and his wives are 73 and 76. They lost their eight children. They saw them die one by one, each one claimed by AIDS. Now these elderly people are caring for their 30 grandchildren after having lost each 1 of these 8 children. I will remember that.

I will remember watching a young teenager as he described losing his parents to AIDS and then having to go from home to home to home, relative

to relative, to see others of his relatives die of AIDS, being handed from one family to another.

I will remember an HIV-positive mother describe giving birth to a child who developed AIDS, a little baby, who died shortly after birth. I will remember watching her describe that child as that child died.

I will also remember an HIV-positive mother who described getting the help she needed, having someone reach out to her, getting the drug treatment she needed before giving birth to her child, and described the joy she felt to know her child was not HIV positive, that her child was a healthy child. We listened to her joyfully describe that child and the future that child now has. Her baby was born HIV free. Her story doesn't need to be the exception.

With our HIV/AIDS money, more and more babies can be born free of AIDS. We need to move quickly. Time is not on our side. We need to move now. We need to invest in the people who are ready to go and in the programs that already work. We need to do all we can to address the human tragedy of global AIDS. We have the ability to ease this suffering, and it is our moral obligation to lead this fight. We are at a critical time in world history. I believe history will judge us well by what we are doing today. It is our obligation at this critical time to make sure that we not only begin this fight—and we have—but that we carry it out, that we stay with it, that we do it effectively, that we do it correctly, and that we stay with it day after day after day.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DEWINE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. DEWINE. Mr. President, I ask unanimous consent that the Senate proceed to a period for morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO JIMMY PITTS

Mr. REID. Mr. President, I rise today to speak of an American patriot.

Jim Pitts was my classmate during my 4 years at Basic High School in Henderson, NV. I have fond memories of Basic, and one reason is because I also have fond memories of my friend, Dr. Jim Pitts.

I remember when Jim and I were chosen to go to Reno as members of Boys State. We headquartered at UNR. For two young men from Henderson, where there is almost no greenery, it was almost unreal to see the green grass, the

clear flowing water of the Truckee, and even Manzanita Lake.

Boys State is an experience I will always remember. And again, my memories of that experience will always include Jim Pitts.

I also recall our senior prom, Nancy Niece, a junior, was the prom queen . . . and Jim Pitts was president of the senior class. Jim and Mike O'Callaghan, who was one of our teachers and later served as Governor of Nevada, got the idea to bring in some flowers for the dance. It is an understatement to say we had flowers—they were literally everywhere! They were flown in from Hawaii. How they were purchased, I will never know. But what a prom Jimmy put together—memories are made of this.

In high school, Jim was one of the smart kids. He was good at math, and he even liked science. So it was only natural that the faculty recognized his potential. With the support of his teachers and his family, he enrolled at the University of Oregon in Eugene. He graduated with honors, then went on to medical school at the University of Oregon in Portland.

Jim began his residency program to become a surgeon in Fresno, CA. But after 2 years, duty called, and Dr. Pitts joined the United States Army. He volunteered to become a paramedic. In lay terms, this is a medical doctor who parachutes out of airplanes to care for those who are injured in combat.

He served with the 101st Airborne Division during the bloodiest years in Vietnam, 1967–68. In Vietnam, Jim received the Bronze Star, the Army Accommodation Medal, and the Combat Medic Badge. His medical training gave him the skills needed to save lives. He was a hero.

After coming home from Vietnam, Jim returned to Fresno and completed his residency in general surgery. Dr. Pitts then moved back to Nevada, but this time he settled in the north, in Carson City. He has made his home in Carson City ever since, performing miracles and saving lives at the Carson-Tahoe Hospital.

In 1989, Dr. Pitts was honored as Distinguished Physician of the Year by the State Medical Association. He obviously passed his talents as a surgeon along to his son, Todd, who has been serving in his father's practice for the past 6 years.

But Dr. Pitts is not just a talented surgeon, he is also a great friend and a gentleman, a caring person who has made a tremendous difference in his community. And he passed these traits to his daughter Kathy, who teaches school here in Carson City. I know Jim and Carol are very proud of both of their children. And I know they, in turn, are both proud of their parents.

Since our high school days, Jim and I have rarely been able to spend much time together. He went his way, and I went mine. We have had an occasional dinner, and even went shooting together, but not often enough.